

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore *72-2*

CERTIFICATE OF DEATH

Reg. Dist. No. *62*

1. PLACE OF DEATH:
County *Caroline*
City or town *Denton, Ind.*
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? *40 yrs.*
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State *Ind.* County *Caroline*
City or town *Denton*
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME *Ida May Anderson* 3. (b) Social Security Number

4. Sex *F* 5. Color or race *W* 6.(a) Single, married, widowed, or divorced *single*

6.(b) Name of husband or wife *none*

7. Birth date of deceased (mo., day, yr.) *May 21, 1895* 6.(c) If alive, give age years

8. AGE: Years *51* Months *3* Days *14* If less than one day hrs. min.

9. Birthplace *Ridgely, Caroline, Maryland*
(Town, county, and state)

10. Usual occupation *none*

11. Industry or business

12. Name *Ret Anderson*

13. Birthplace *Caroline County*

14. Maiden name *Martha Baker*

15. Birthplace *Caroline Co.*

16. Informant *Mr. George Mitchell*

Address *Denton, Maryland*

17. Burial Date thereof *Sept. 7, 1946*
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory *Denton*

Location *Denton, Ind.*

18. Funeral director *J. Virgil Muncie, son*

Address *Denton, Ind.*

19. *9/6/46* Registrar *M D Jones*

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH *September 4, 1946* at *5:15 p.m.*

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *March 25, 1934* to *Sept 4, 1946* and that I last saw him alive on *Sept 4, 1946*

Immediate cause of death *Coronary atherosclerosis* DURATION *7 years*

Due to

Due to

Other conditions *My hypertension* *12 yrs*
Metastatic lesions and reoperation *12 yrs*
(Include pregnancy within 3 months of death)

Major findings of operations

Antopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE *Paul Kuntz M.D.*

Address *Denton Ind.* Date signed *9/6/46*

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

SEP 10 1946

BUREAU V S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 740

CERTIFICATE OF DEATH

Reg. Dist. No. 08870 66

1. PLACE OF DEATH:

County Cecil
City or town Bridgetown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 17 62
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Joseph Percy Bartlett

4. Sex M 5. Color or race White 6. (c) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Nora Bartlett

7. Birth date of deceased (mo., day, yr.) Nov 12 - 1883 8. (c) If alive, give age _____ years

8. AGE: Years 62 Months 10 Days 7 If less than one day _____ hrs. _____ min.

9. Birthplace Green Anne Co
(Town, county, and state)

10. Usual occupation Retired - R.R.

11. Industry or business

12. Name Joseph Bartlett

13. Birthplace Ind

14. Maiden name Cannon

15. Birthplace Ind

16. Informant Mrs Nora Bartlett

Address Bridgetown Ind

17. Burial Date thereof Sept 6 - 46
(Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory Greenslory

Location Greenslory Ind

18. Funeral director Edgar J. Lane

Address Church Hill Ind

19. Sept 5 19 46 J. D. Davis
(Date read by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Ind County Cecil
City or town Bridgetown
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)

2. (a) If veteran, name war _____

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 3 19 46 at _____ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 3, 19 46, to _____ 19 _____
and that I last saw him alive on Sept 3, 19 46

Immediate cause of death (Sudden)
Coronary Artery Disease
Cerebral Embolus
Due to Essential Hypertension
Due to Arteriosclerosis

DURATION

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____

_____ Date of op. _____

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of Injury _____ Injured at work _____

23. SIGNATURE George White MD

Address Bridgetown M. D. or other _____

Date signed Sept 5/46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED THE STATE DEPARTMENT

CERTIFICATE OF DEATH

REC'D
SEP 7 1946
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charlea St., Baltimore 5

CERTIFICATE OF DEATH

08871

Reg. Dist. No. 64

1. PLACE OF DEATH:

County Caroline
City or town Denton - Rural
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, institution, or street address where death occurred:
Near Concord
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Caroline
City or town Denton - Rural
(If outside city or town limits, write RURAL and give nearest town)
Street No. Near Concord
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

A. Eliza Boston

3. (b) Social Security Number

None

4. Sex Female 5. Color or race Colored 6.(a) Single, married, widowed, or divorced Widowed
6.(b) Name of husband or wife Colley Boston
6.(c) If alive, give age _____ years
7. Birth date of deceased (mo., day, yr.) October 16, 1876
8. AGE: Years 69 Months 10 Days 20 If less than one day _____ hrs. _____ min.

9. Birthplace Caroline County, Maryland
(Town, county, and state)
10. Usual occupation Housework
11. Industry or business Home
12. Name Phillip Dyer
13. Birthplace Talbot County, Maryland
14. Maiden name Martha Adams
15. Birthplace Caroline County, Maryland

16. Informant Addie E. Boston
Address Denton, Maryland, R.F.D.
17. Burial Date thereof September 8, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St. Paul Cemetery
Location Near Concord, Maryland
18. Funeral director J. J. Frampton and Son
Address Federalsburg, Maryland

19. Sept. 8 19 46 J. J. Frampton
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 6 19 46 at 10:16 A. M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 15 19 46 to Sept. 5 19 46
and that I last saw him alive on Sept. 5 19 46

Immediate cause of death Carcinoma of right breast DURATION 6 months

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide _____ Date of _____
Where did injury occur? _____ (City or town) _____ (County) _____ (State)
Injured at home, farm, industry, public place (where?) _____
Means of injury _____ Injured at work?

23. SIGNATURE A. L. Small M.D. M. D. or other
Address Denton, Md. Date signed 9-7-46

MARGIN RESERVED FOR BINDING

VS A15 9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

SEP 20 1946

BUREAU V B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 46-1

CERTIFICATE OF DEATH

Reg. Dist. No. 08872 66

1. PLACE OF DEATH:

County CarrollCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 3 months

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

William Frederick Buddmeyer

4. Sex

m

5. Color or race

W.

6. (a) Single, married, widowed, or divorced

unmarried

6. (b) Name of husband or wife

Nora Shipley7. Birth date of deceased (mo., day, yr.) Oct, 19th 1871

8. AGE:

Years 74 Months 11 Days If less than one day hrs. min.

9. Birthplace

Balto. City
(Town, county, and state)

10. Usual occupation

Salmon

11. Industry or business

12. Name Fred Buddmeyer (Buddmeyer)

13. Birthplace

Balto

14. Maiden name

Louisa Jackson

15. Birthplace

Balto16. Informant Mrs. Nora BuddmeyerAddress Ridgely Ind Balto. IndBurial17. (Burial, cremation, or removal, Which?) Date thereof 9-12-46

(month) (day) (year)

Cemetery or crematory Mt. CarmelLocation Balto. Ind.18. Funeral director J. Virgil Moore & SonAddress 10 Denton Ind19. Sept 10 19 46 J D Davis

(Date registered by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Ind County CarrollCity or town Ridgely
(If outside city or town limits, write RURAL and give nearest town)Street No.
(If rural, give LOCATION)2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 9 19 46, at 7 A M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 19 46 to Sept 9 19 46 and that I last saw him alive on August 29 19 46Immediate cause of death Myocardial infarction DURATION Due to Carcinomatosis due 15 yrsto metastatic adenocarcinomaDue to adenocarcinoma ofthe Rectum .TVOther conditions

(Include pregnancy within 3 months of death)

Major findings of operations NoneDate of op. Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of Where did injury occur? (City or town) (County) (State)Injured at home, farm, industry, public place (where?) Means of injury Injured at work? 23. SIGNATURE George White M.D. M. D. or other Address Ridgely Date signed Sept 10, 1946

RECEIVED

SEP 11 1946

BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1912)

CERTIFICATE OF DEATH

08873

Reg. Dist. No. 62

1. PLACE OF DEATH:

County Caroline
City or town Denton
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 5 months
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Caroline
City or town Denton Maryland
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war none

3. (a) FULL NAME

William Ed. Bullock

3. (b) Social Security Number

none

4. Sex male 5. Color or race white 6.(a) Single, married, widowed, or divorced Divorced

6.(b) Name of husband or wife Mrs. Lena J. Bullock

6.(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July 17, 1865

8. AGE: Years 81 Months 2 Days 1 If less than one day — hrs. — min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual occupation Retired Farmer

11. Industry or business

12. Name Wm. E. Bullock

13. Birthplace Md.

14. Maiden name Rebecca C. Liden

15. Birthplace Md.

16. Informant Mrs. Sallie J. Morgan

Address Denton, Md.

17. Burial Date thereof Sept 21, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Family Graveyard Eden Homestead

Location near Denton Md.

18. Funeral director J. Harvey Williamson

Address Federalburg, Md.

19. 9/20 46 Wm. D. George
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 18, 1946 at 6:55 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 7, 1946 to Sept 18, 1946 and that I last saw him alive on Sept 16, 1946

Immediate cause of death

Chronic Vascular Disease

Due to Disease

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Stinson & Thompson M. D. or other

Address Denton Date signed 9/20/46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
SEP 24 1946
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

CERTIFICATE OF DEATH

Reg. Dist. No. 66

1. PLACE OF DEATH:

County CarolineCity or town Rural, Ridgely
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 35 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County CarolineCity or town Rural, Ridgely
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Mauda Rosemont Dean

3. (b) Social Security Number

4. Sex 7 5. Color or race W 6.(a) Single, married, widowed, or divorced Married6.(b) Name of husband or wife Robert G. Dean6.(c) It alive, give age 73 years7. Birth date of deceased (mo., day, yr.) April 6, 18788. AGE: 68 Years 5 Months 19 Days If less than one day _____ hrs. _____ min.9. Birthplace Concord, Sussex, Delaware
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business

12. Name Thomas Jones13. Birthplace Concord, Delaware14. Maiden name Lucy Jones15. Birthplace Concord, Delaware16. Informant Robert G. DeanAddress Ridgely, Maryland17. Burial Date thereof Sept 28, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory DentonLocation Denton, Maryland18. Funeral director L. Virgil Dwyer, SonAddress Denton, Maryland19. Sept 27 1946
(Date rec'd by registrar)Registrar S. Davis

MEDICAL CERTIFICATION

20. DATE OF DEATH September 25, 1946, at 5:25 P M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 10, 1946 to Sept 25, 1946
and that I last saw her alive on September 25, 1946Immediate cause of death Myocardial infarction DURATION 5 hrsDue to Arteriosclerotic heart 3 yrsDue to General arteriosclerosis 10 yrs

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations None Date of op. _____Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE James M. White M.D. M. D. or other _____Address Ridgely Date signed 9/27/46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RE

SEP 30 1946

BUREAU 7 5

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 159

CERTIFICATE OF DEATH

Reg. Dist. No. 64

1. PLACE OF DEATH:

County Caroline
 City or town Federalburg - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:
River Road
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Delaware County Sussex
 City or town Bridgetown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war ✓

3. (a) FULL NAME

Clark A. Haynes

3. (b) Social Security Number

None

4. Sex Male 5. Color or race Colored 6.(a) Single, married, widowed, or divorced Single
 6.(b) Name of husband or wife
 6.(c) If alive, give age years
 7. Birth date of deceased (mo., day, yr.) August 29, 1946
 8. AGE: Years 0 Months 0 Days 3 If less than one day hrs. min.

9. Birthplace Federalburg Maryland, R.F.D.
 (Town, county, and state)
Infant

10. Usual occupation 11. Industry or business

MOTHER FATHER
 12. Name Francis L. Haynes
 13. Birthplace Caroline County, Maryland
 14. Maiden name Gladys Haff
 15. Birthplace Accomac County, Virginia

16. Informant Mrs. Francis L. Haynes
 Address Bridgetown, Delaware

17. Burial Date thereof September 4, 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Federal Hill Cemetery
 Location Federalburg Maryland

18. Funeral director J. J. Frampton and Son
 Address Federalburg Maryland

19. September 4, 46 J. J. Frampton
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 1, 1946 at 12:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19

and that I last saw h. alive on 19 Immediate cause of death DURATION Due to Premature birthDue to Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations Date of op. Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of Where did injury occur? (City or town) (County) (State)Injured at home, farm, industry, public place (where?) Means of injury Injured at work? 23. SIGNATURE Amos J. Taylor M. D. or other Address Date signed 9/24/46

RECEIVED
SEP 7 1946
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 131-2

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH:

County Caroline
 City or town Hickman Md
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Full life
 Hospital, institution, or street address where death occurred:
none
 How long in hospital or institution? none

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Caroline
 City or town Hickman Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. none
 (If rural, give LOCATION)
 2.(a) If veteran, name war no

3. (a) FULL NAME

Robert N. Melvin

3. (b) Social Security Number

none

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

male white married

8.(b) Name of husband or wife Mary J. Melvin6.(c) If alive, give age 64 years7. Birth date of deceased (mo., day, yr.) June 3, 1879

8. AGE: Years 67 Months 2 Days 30 If less than one day
 hrs. min.

9. Birthplace Harrington Delaware
(Town, county, and state)10. Usual occupation Farmer11. Industry or business Retired Farmer12. Name Nathan N. Melvin13. Birthplace Delaware14. Maiden name Julia Hitchcock15. Birthplace Delaware16. Informant Mrs. Mary J. MelvinAddress Hickman Maryland17. Burial Date thereof Sept 6, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Concord CemeteryLocation Concord Maryland18. Funeral director J. Harvey WilliamsonAddress Federalburg Maryland19. 9/4 19 46 Wm O Jones
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 2 19 46 3 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
December 1945 to Sept 2 19 46
 and that I last saw him alive on Sept 2 19 46

Immediate cause of death

DURATION

Due to Cardio-Vascular RunarDue to Chronic Bronchitis

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Wm O JonesAddress Denton MdDate signed 9/4/46

RECEIVED

SEP 6 1946

BUREAU V 6

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change of
birth date of deceased is
shown on

FILM No. **I 07 OCT 8 1946**

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (31)

CERTIFICATE OF DEATH

08877

Reg. Dist. No. **66**

1. PLACE OF DEATH:

County **Caroline**
City or town **Ridgely**
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? **30 yrs.**
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State **Maryland** County **Caroline**
City or town **Ridgely**
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

Lulu E. Meredith

3. (b) Social Security Number

4. Sex **F** 5. Color or race **White** 6. (a) Single, married, widowed, or divorced **Widowed**
6. (b) Name of husband or wife **Carroll Meredith**
7. Birth date of deceased (mo., day, yr.) **Oct. 18 1878** 6. (c) If alive, give age years
8. AGE: Years **67** Months **11** Days **18** If less than one day
hrs. min.

9. Birthplace **Queenstown Md.**
(Town, county, and state)

10. Usual occupation **Housewife**

11. Industry or business

12. Name **Wesley Wyatt**
13. Birthplace **Del.**
14. Maiden name **Alvilda Camper**
15. Birthplace **Del.**

16. Informant **Mrs. N. Alvin Smith**
Address **Greensboro, Md.**

17. **Burial** Date thereof **9/8/46**
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory **Centerville**
Location **Centerville Md.**

18. Funeral director **Raymond B. Rawlings**
Address **Greensboro, Md.**

19. **Sept 6 1946** **JW Davis**
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH **Sept. 5 1946** of **4:45 A.M.**

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from **August 1 1946** to **Sept 5 1946**
and that I last saw him alive on **Sept 5 1946**

Immediate cause of death **Myocardial Infarction** DURATION

Due to **Chronic Myocarditis** **20 yrs**

Due to **General arteriosclerosis** **12 yrs**

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations **None**

Date of op.

Autopsy results **None**

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE **Lulu E. Meredith** M. D. or other

Address **Ridgely Md.** Date signed **9/6/46**

RECEIVED

SEP 7 1946

BUREAU V S

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-2)

CERTIFICATE OF DEATH

08878

Reg. Dist. No. 60

1. PLACE OF DEATH:

County Caroline
 City or town Goldsboro Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 9 yrs.
 Hospital, institution, or street address where death occurred
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Caroline
 City or town Goldsboro Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Earnest J. Miller

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Philippine Webber Miller 6. (c) If alive, give age 68 years
 7. Birth date of deceased (mo., day, yr.) Oct. 11 1872
 8. AGE: Years 73 Months 11 Days 2 If less than one day
 hrs. min.

9. Birthplace Moscow Penna.
 (Town, county, and state)

10. Usual occupation Store Super

11. Industry or business

12. Name John Miller

13. Birthplace Unknown

14. Maiden name Unknown

15. Birthplace Unknown

16. Informant Floyd Miller

Address Goldsboro Md.

17. Burial Date thereof 9/15/46
 (Burial, cremation, or removal? Which?) (month) (day) (year)

Cemetery or crematory Greensboro

Location Greensboro Md.

18. Funeral director Raymond B. Rawlings

Address Greensboro Md.

19. Sept. 14 1946 P. Clark Smith
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 13 1946 at 8:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 1 1946 to 9/12/46

and that I last saw Sept. 12 1946 alive on 9/12/46

Immediate cause of death Cardiac Vascular

Renal Changes

Hypertension

Arterial Sclerosis

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE P. Clark Smith

M. D. or other

Address Date signed

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SEP 18 1946

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (166)

CERTIFICATE OF DEATH

Reg. Dist. No. 66

1. PLACE OF DEATH:

County..... Caroline
 City or town..... Ridgely
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death..... 28 yrs.
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State..... Maryland County..... Caroline
 City or town..... Ridgely Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2.(a) If veteran, name war..... World War # 2

3. (a) FULL NAME

Robert S. Murray

3. (b) Social Security Number

215 204 821

4. Sex

Male

5. Color or race

Black

6.(a) Single, married, widowed, or divorced

Single

MEDICAL CERTIFICATION

20. DATE OF DEATH..... Sept. 28 19 46, at 7:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

..... 19....., to..... 19.....

and that I last saw him..... alive on..... 19.....

Immediate cause of death.....

DURATION

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

..... Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... homicide..... Date of..... 9/28/46Where did injury occur?..... Ridgely Caroline Md
 (City or town) (County) (State)Injured at home, farm, industry, public place (where?)..... Back GardenMeans of Injury..... Shot in fight..... Injured at work?

23. SIGNATURE.....

M. D. or other

Address..... Boston Md..... Date signed..... 9/30/46

6.(b) Name of husband or wife.....

6.(c) If alive, give age..... years

7. Birth date of

deceased (mo., day, yr.)

Dec. 28 1917

8. AGE:

Years

Months

Days

If less than one day

2890

..... hrs.

..... min.

9. Birthplace.....

Ridgely Caroline Md.
 (Town, county, and state)

10. Usual occupation.....

Laborer

11. Industry or business.....

MOTHER FATHER

12. Name.....

James Raymond Murry

13. Birthplace.....

Ridgely Md.

14. Maiden name.....

Anna Rebecca Henry

15. Birthplace.....

Kent County Md.

16. Informant.....

Mrs. Anna Murry

Address.....

Ridgely, Md.

17. Burial

(Burial, cremation, or removal. Which)

Date thereof.....

10/2/46
 (month) (day) (year)

Cemetery or crematory.....

Henry Burial Ground

Location.....

Near Ridgely

18. Funeral director.....

Raymond B. Pawling

Address.....

Bredensboro, Md.

19. Sept 30

(Date rec'd by registrar)

19 46J. D. Davis

Registrar

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OCT 2 1946

BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-0)

CERTIFICATE OF DEATH

Reg. Dist. No. 64

1. PLACE OF DEATH:

County Caroline
City or town Harrison R. T. D.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Full life
Hospital, institution, or street address where death occurred:
Federalsburg R. T. D.
How long in hospital or institution? None

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Caroline
City or town Harrison R. T. D.
(If outside city or town limits, write RURAL and give nearest town)
Street No. Federalsburg R. T. D.
(If rural, give LOCATION)
2. (a) If veteran, name war no

3. (a) FULL NAME

Anna Coreia Nichols

3. (b) Social Security Number

none

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced married

6. (b) Name of husband or wife Butler Nichols

7. Birth date of deceased (mo., day, yr.) February 15, 1871 B. (c) If alive, give age — years

8. AGE: Years 75 Months 6 Days 23 If less than one day — hrs. — min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business —

12. Name Mr. Frank Morgan

13. Birthplace Md.

14. Maiden name Mary Jane Baker

15. Birthplace Md.

16. Informant Butler Nichols

Address Federalsburg R. T. D.

17. Burial Date thereof Sept 11, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Stillcrest Cemetery

Location Federalsburg Maryland

18. Funeral director J. Hawes Williamson

Address Federalsburg Md.

19. 9/10 19 46 C. D. Phimmer
(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 7, 1946 at 7:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 8/19 19 46 to Sept 7 19 46

and that I last saw him OK alive on Sept 7 19 46

Immediate cause of death Cerebral Hemorrhage

and no hrd. Original on 8/14/46

Due to Arteriosclerosis

Due to Hypertension

Other conditions —

(Include pregnancy within 3 months of death)

Major findings of operations —

Date of op. —

Autopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work? —

23. SIGNATURE Thos. B. Rimmer M. D. or other

Address Push Day Date signed 9/14/46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians—please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 740

CERTIFICATE OF DEATH

Reg. Dist. No. 64

1. PLACE OF DEATH:

County Caroline
 City or town Denton - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 1 day
 Hospital, institution, or street address where death occurred:
Near American Corner
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Delaware County Sussex
 City or town Seaford
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Arch Street
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Sarah Roach

3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed
 6.(b) Name of husband or wife George H. Roach
 6.(c) If alive, give age — years
 7. Birth date of deceased (mo., day, yr.) May 13, 1867
 8. AGE: Years 79 Months 4 Days 3 If less than one day
— hrs. — min.

9. Birthplace Sussex County, Delaware
 (Town, county, and state)

10. Usual occupation Housework

11. Industry or business Home

12. Name Louise Swain

13. Birthplace Sussex County, Delaware

14. Maiden name Sarah Messick

15. Birthplace Sussex County, Delaware

16. Informant Mrs. Mary E. Phillips

Address Blades, Delaware

17. Burial Date thereof September 19, 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Old Fellows Cemetery

Location Seaford, Delaware

18. Funeral director F. J. Frampton and Son

Address Federalburg, Maryland

19. Sept 19, 46 J. J. Frampton
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 16, 1946, at 9:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 16, 1946, to Sept 16, 1946

and that I last saw him alive on Sept 16, 1946

Immediate cause of death Coronary occlusion

DURATION 6 hours

Due to

Due to

Other conditions arteriosclerosis about 10 years

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Paul Smith MD M. D. or other

Address Boston, Mass Date signed 9/18/46

RECEIVED

SEP 26 1946

BUREAU V B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-6

CERTIFICATE OF DEATH

Reg. Dist. No. 61

1. PLACE OF DEATH:

County Caroline
 City or town Greensboro Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 60 yrs.
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Caroline
 City or town Greensboro Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

George P. Schreiber

3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male White Married

8. (b) Name of husband or wife Josephine Brogley Schreiber7. Birth date of deceased (mo., day, yr.) April 16 - 18768. AGE: Years Months Days If less than one day
70 4 17 hrs. min.9. Birthplace Alsace-Lorraine France
(Town, county, and state)10. Usual occupation Farmer

11. Industry or business

12. Name Michael Schreiber13. Birthplace France14. Maiden name Eve Lorentz15. Birthplace France16. Informant Mrs. Josephine SchreiberAddress Greensboro, Md.17. Burial Date thereof 9/15/46
(Burial, cremation, or removal) (month) (day) (year)Cemetery or crematory Holy CrossLocation Near Greensboro, Md.19. Funeral director Raymond B. PawlingAddress Greensboro, Md.19. Sept 3 1946 L. M. Pippin
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 2 1946 at 5:40 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 20 1945 to Sept 2 1946and that I last saw him alive on Sept 2 1946Immediate cause of death Chronic Phosphorus & Arsenic

Due to

Due to

Other conditions Hardy Cerebral

(Include pregnancy within 8 months of death)

Major findings of operations Enterotomy fordiverticulum of cecum Date of op. 4-20-45

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Charles H. StoenfeldtAddress Greensboro Md Date signed 9/4/46

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SEP 5 1946

BUREAU